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Docket Number (Optional) 056208.52612US

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ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2005

First Named Inventor: Masahiko ASANO

\$ 120.00

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

One month (37 CFR 1.17(a)(1))

Two months (37 CFR 1.17(a)(2))

Application Number 10/628,352 Filed July 29, 2003 Device for Controlling a Vehicle For **Art Unit** 2841 Examiner M.C. Zarroli

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

<u>Fee</u>

\$120

\$450

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

Small Entity Fee

\$225

| | Tuned Or Orinted Name | | <u> </u> | Tolophone Mumber | - |
|-------|--|--|-------------------------------|--|--------------|
| | Vincent J. Sunderdick | | | 202-624-2500 | |
| | Signature | | | Date | |
| | Vision & Rue | Serbel | | February 9, 2005 | |
| | attorney or agent under 37 C Registration number if act | | | | • |
| | attorney or agent of record. F | Registration Number | | 0,004 | |
| | assignee of record of the enti- Statement under 37 CFR 3.7 | | | · 6). | |
| l am | the applicant/inventor. | | | | |
| | RNING: Information on this form man. Provide credit card information a | | | nation should not be include | d on this |
| ove | Director is hereby authorized to c erpayment, to Deposit Account Nur plicate copy of this sheet. | harge any additiona nber 05-1323. (Atto | I fees which n rney Docket | nay be required, or credit ar No. 0 <u>5-1323</u> .) I have en <u>clo</u> | ny osed a |
| ☐ The | Director has already been authori | zed to charge fees i | in this applica | tion to a Deposit Account. | |
| Pay | ment by credit card. Form PTO-20 | 38 is attached. | | | |
| ⊠ A c | heck in the amount of <u>\$ 120.00</u> is e | enclosed. | | | |
| | olicant claims small entity status. S | | | | |
| | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | |
| | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | |
| 0 1 | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | |
| | | | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the 051323 public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10628352

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

11/2005 REFYERE 00000040 10628352 #359979

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|---|---|---|------------------|---|------------------|--------------------------|--|----------|------------------------------|---------------------|
| | CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | SMALL ENTITY | | OR | OTHER THA | |
| FOR | | NUME | NUMBER FILED NUM | | BER EXTRA | RATE | FEE | | RATE | |
| | SIC FEE CFR 1.16(a)) | | : | ······································ | | | | 1 | - KATE | FE |
| TO | AL CLAIMS | | minus 2 | 0 - | | | \$ | OR | | +== |
| (37 CFR 1.16(c)) INDEPENDENT CLAIMS | | MS - | - | | | X \$= | | OR | X \$= | |
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| lf (| he difference in | column 1 is less th | an zero, e | enter "0" in column | 2. | TOTAL | | OR | TOTAL | |
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| | | (Column 1) | ٠., | (Column 2) | (Column 3) | SMALL | ENTITY | OR | | R THAN . ENTITY |
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<sup>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</sup>